



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Hellig, et al.

Title: SYSTEM FOR FORMING A SEMICONDUCTOR DEVICE AND  
METHOD THEREOF

App. No.: 10/058,854

Filed: 01-28-02

Examiner: Unknown

Group Art Unit: 2811

Atty. Dkt. No. 1458.TT4962



Application Processing Division  
Customer Correction Branch  
Assistant Secretary in Connection with  
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U.S. Patent & Trademark Office  
Washington, D.C. 20231

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## REQUEST FOR CORRECTED FILING RECEIPT

Dear Sir:

Please make the indicated corrections as shown on the enclosed Filing Receipt. Please correct the Atty. Docket No. to "1458.TT4962" as evidenced on the first page of the Declaration that was filed with the application. Please contact me at the below-listed telephone number if you have any questions or need additional information.

Respectfully submitted,

Date

3-24-02

  
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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY.DOCKET.NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
10/058,854	01/28/2002	2811	740	1458.TT47962	18	14	3

27412  
SIMON, GALASSO & FRANTZ PLC  
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AUSTIN, TX 78755-0503



CONFIRMATION NO. 3704  
FILING RECEIPT



\*OC000000007668718\*

Date Mailed: 03/19/2002

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Kay Hellig, Austin, TX;  
Douglas J. Bonser, Austin, TX;  
Wen-Jie Qi, Austin, TX;

**Domestic Priority data as claimed by applicant**

THIS APPLN CLAIMS BENEFIT OF 60/340,554 12/14/2001

**Foreign Applications**

If Required, Foreign Filing License Granted 03/19/2002

Projected Publication Date: Request for Non-Publication Acknowledged

Non-Publication Request: Yes

Early Publication Request: No

**Title**

System for forming a semiconductor device and method thereof

**Preliminary Class**

257

SIMON GALASSO

MAR 25 2002

& FRANTZ PLC

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**DECLARATION  
FOR UTILITY OR DESIGN  
PATENT APPLICATION**

(37 CFR 1.63)

Declaration Submitted with Initial Filing, OR  
 Declaration Submitted after Initial Filing  
(surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number 1458.TT4962

First Named Inventor Hellig, et al.

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**SYSTEM FOR FORMING A SEMICONDUCTOR DEVICE AND  
METHOD THEREOF**

the specification of which:

is attached hereto.  
 was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/340,554	12-14-2001

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



# **TRANSMITTAL FORM**

*(to be used for all correspondence after initial filing)*

<b>TRANSMITTAL FORM</b> <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/058,854	
	Filing Date	01/28/2002	
	First Named Inventor	Hellig, et al.	
	Group Art Unit	2811	
	Examiner Name	Unknown	
Total Number of Pages in This Submission	4	Attorney Docket Number	1458.TT4962

**ENCLOSURES** *(check all that apply)*

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i>	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group <i>(Appeal Notice, Brief, Reply Brief)</i>
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information:
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	Req. for Corrected Filing Receipt
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	J. Gustav Larson, Reg. No. 39,263 
Signature	
Date	

## **CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: **3-29-02**

Typed or printed name	Terri Alloway		
Signature	<i>Terri Alloway</i>	Date	3-29-02

**Burden Hour Statement:** This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.